



State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services

APPLICATION FOR STATE FOOD SAFETY CERTIFICATE

Failure to Provide Accurate Training Program Information Will Delay Processing

APPLICANT INFORMATION:

LAST NAME _____ FIRST _____ MI _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PARISH _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

Applicants may be contacted by email if available

ESTABLISHMENT INFORMATION:

NAME OF FOOD SERVICE ESTABLISHMENT _____

ESTABLISHMENT PHONE NUMBER: _____

ADDRESS _____ DHH PERMIT TO OPERATE# _____

CITY _____ STATE _____ PARISH _____ ZIP _____

TRAINING PROGRAM INFORMATION: (Applicant may contact the testing company for this information.)

NAME OF TRAINING PROGRAM SPONSOR _____

DATE OF EXAMINATION _____ COURSE INSTRUCTOR/ PROCTOR _____

****PERSONAL CHECKS ARE NOT ACCEPTED****

**PLEASE SEND A COPY OF TRAINING COURSE CERTIFICATE, AND A MONEY
ORDER OR CASHIER/COMPANY CHECK FOR \$25.00 MADE PAYABLE TO
D.H.H. (SEND TO ADDRESS BELOW)**

DUPLICATE CERTIFICATES ARE \$12.50 MADE PAYABLE TO DHH: STATE CERT# _____

DATE OF APPLICATION

APPLICANT SIGNATURE

FOR OFFICE USE ONLY

STATE FSC CERTIFICATE _____ CHECK # _____ M.O. # _____

DATE ISSUED _____